

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/549890

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2	1					
3		1				
4	1					
5		1				
6	1					
7		1				
8	1					
9		1				
10	1					
11		1				
12	1					
13		1				
14	1					
15		1				
16	1					
17	3					
18	1					
19	2					
20	1					
21	1					
22	1					
23	1					
24	1					
25	1					
26	1					
27	1					
28	2					
29	1					
30	1					
31	1					
32	1					
33	1					
34	2					
35	4					
36	4					
37	4					
38	4					
39	1					
40	1					
41	1					
42	1					
43	2					
44	1					
45	2					
46	1					
47	1					
48						
49						
50						
TOTAL IND.	3		↓		↓	↓
TOTAL DEP.	64		←		←	←
TOTAL CLAIMS	69					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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96						
97						
98						
99						
100						
TOTAL IND.			↓		↓	↓
TOTAL DEP.			←		←	←
TOTAL CLAIMS						